U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name THOMAS D MISCIAGNA	Name I.B.E.W. LOCAL UNION #164	
	Labor Organization File Number 019-526	
370000000000000000000000000000000000000	Bourse-source control of the control	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any SUITE 315	
Street 31 CHELSEA COURT	Street 205 ROBIN ROAD	
City HILLSDALE	City PARAMUS	
State New Jersey ZIP Code + 4 07642	State New Jersey ZiP Code + 4 07652	
5. Position in labor organization. ASSISTANT BUSINESS MANAGER		
Enter appropriate data below if, during the past fiscal year, you or your spot		
(except as specified in the exclu	sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
дине насет допочетоване по не начение объект по не начение на насет на на насет на насет на насет на	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of f submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the secondersigned)	ing documents), has been examined by the signatory and is, to the best of the	
Signed hown I five	On 7/28/2005 201-664-1047	
	Date Telephone Number	
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Name of Person Filing THOMAS MISCIAGNA	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street (битовой ·		
State ZIP Code + 4			
10. If 9,b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. N/A	ALTERNATION OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASS	
Name	N/A	entitopisetysteeps	
Trade Name, if any:		o*xiooticoppidri _{te**} aco	
P.O. Box, Bldg., Room No., if any		enterior property and the	
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	N/A	(michigan managan)	
		are appropriate contract of	
		CONTRACTOR STATES	
		and the same	
	12.b. Amount.	more designation of the second	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name (NAME AND A STATE OF THE ADDRESS OF T	en periodica periodica per	
Trade Name, if any:		isom francostova estima	
P.O. Box, Bldg., Room No., if any	manufacture and the second sec	essentality managest essential	
Street	discasses reposition r	Myder (Sald) Xina	
City	vs.pt/stcorresponding	- This will reposit to control	
State ZIP Code + 4		American professional	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Processor P	